

SPECIAL REQUEST/AUTHORIZATION

PRIVACY ACT STATEMENT

The authority to request this information is contained in 5 USC 301, and from E.O. 9397 Departmental Regulations. The principal purpose of the information is to enable you to make known your desire for one of the four items listed or for some other special consideration or authorization. The information will be used to assist officials and employees of the Department of the Navy in determining your eligibility for and approving or disapproving the special consideration or authorization being requested. Completion of the form is mandatory; failure to provide required information may result in delay in response to or disapproval of your request.

NAME		RATE		SSN	
SHIP OR STATION				DATE OF REQUEST	
DEPARTMENT /DIVISION			DUTY SECTION/GROUP		
NATURE OF REQUEST					
<input type="checkbox"/> LEAVE		<input type="checkbox"/> SPECIAL LIBERTY		<input type="checkbox"/> SPECIAL PAY	
				<input type="checkbox"/> COMMUTED RATIONS	
				<input type="checkbox"/> OTHER <i>Below</i>	
NO. OF DAYS REQUESTED		FROM) (Date & time)		TO (Date & time)	
DISTANCE - (Miles)		MODE OF TRAVEL			
		<input type="checkbox"/> AIR		<input type="checkbox"/> TRAIN	
				<input type="checkbox"/> BUS	
				<input type="checkbox"/> CAR	
LEAVE ADDRESS (Street, box or route no., City, State, Zip Code)				Telephone Number	
REASON FOR REQUEST					

SIGNATURE OF APPLICANT

I AM ELIGIBLE AND OBLIGATE MYSELF TO PERFORM ALL DUTIES OF PERSON MAKING APPLICATION -
SIGNATURE OF STANDBY _____ DUTY STATION _____

RECOMMEND APPROVAL	SIGNATURE AND RANK/RATE/TITLE/DATE	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> YES <input type="checkbox"/> NO	SIGNATURE AND RANK/RATE/TITLE/DATE	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE	

REASON FOR DISAPPROVAL